

STATE OF MAINE Department of Public Safety Maine State Police



164 State House Station, Augusta, Maine 04333-0164 (207) 624-7210

Application for a Permit to Carry a Non-Concealed Firearm by a Prohibited Person (Title 15, Section 393)

Application Fee: \$25.00 (Certified check payable to Treasurer, State of Maine.)

Print/Or Type Legibly

APPLICANT INFORMATION								
Complete Name:						Date of Birth:		
Aliases:					City/State of Birth:			
Physical Address:			Telephone Number(s):		r(s):			
City:	State:			1	ZIP Code:			
Mailing Address:								
City:			State:		ZIP Code:	ZIP Code:		
Height:	: Weight:		Eye Color:		Hair Color:			
Employer:								
Employer Mailing Address:				Employer Telephone Number:				
Employer Mailing Address:					Employer relept	ione number:	lumber:	
Employer City/Town		Employer State:			Employer Zip Co	de:		
CONVICTION INFORMATION								
Conviction #1:								
Docket Number:		Conviction Date:		Crime Con	nmitted and Level (A, B, C):			
Arresting Department: Se		Sentencing Judge:		I	Sentence Imposed:			
City/State Where Crime Committed:		Your Address When Crime was Committed (City/State):		Place of Incarceration:				
Name/Address of Probation/Parole Officer:	<u> </u>			Date of Discharge or Release from Prison/Jail or termination of Probation/Supervised Release:				
Conviction #2:								
Docket Number: Conviction Date:			Crime Committed and Level (A, B, C):					
Arresting Department:		Sentencing Judge:			Sentence Imposed:			
City/State Where Crime Committed:	Your Address When Crime was Committed (City/State):			Place of Incarceration:				
Name/Address of Probation/Parole Officer:					Date of Discharge of Probation/Supervise	arge or Release from Prison/Jail or termination of pervised Release:		
State Reason for Request and Make, Model and Serial Number of Firearm Sought to be Possessed:								
SIGNATURE AND NOTARY								
State of Maine								
,ss Signature of Applicant								
On this								
Before me								
					(Notary Public and Seal)			

CONVICTION INFORMATION CONTINUED							
Conviction #3:							
Docket Number:	Conviction Date: Crime Co		mmitted and Level (A, B, C):				
Arresting Department:	Sentencing Judge:		Sentence Imposed:				
City/State Where Crime Committed:	Your Address When Crime was Committed (City,	/State):	Place of Incarceration:				
Name/Address of Probation/Parole Officer:			Date of Discharge or Release from Prison/Jail or termination of Probation/Supervised Release:				
Conviction #4:							
Docket Number:	Conviction Date: Crime Co		nmitted and Level (A, B, C):				
Arresting Department:	Sentencing Judge:		Sentence Imposed:				
City/State Where Crime Committed:	Your Address When Crime was Committed (City/State):		Place of Incarceration:				
Name/Address of Probation/Parole Officer:	-		Date of Discharge or Release from Prison/Jail or termination of Probation/Supervised Release:				
Conviction #5:			1				
Docket Number:	Conviction Date: Crime Co		nmitted and Level (A, B, C):				
Arresting Department:	Sentencing Judge:		Sentence Imposed:				
City/State Where Crime Committed:	Your Address When Crime was Committed (City,	/State):	Place of Incarceration:				
Name/Address of Probation/Parole Officer:		Date of Discharge or Release from Prison/Jail or termination of Probation/Supervised Release:					
State Reason for Request and Make, Model and Serial Number of Firearm Sought to be Possessed:							
SIGNATURE AND NOTARY							
State of Maine							
Before me							

(Notary Public and Seal)